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Dacember 15, 2009

Doc Code: TRAN, LET DEC 1 5 2009 Document Description: Transmittal Letter PTO/SB/21 (07-09) Express Mail Approved for use through 07/31/2012. OMB 0851-0031

2009

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE equired to respond to a collection of information unless it displays a valid OMB control number. Date of Deposit: December 15, 2009 Application Number 09/975,458 TRANSMITTAL Filing Date October 11, 2001 First Named Inventor **FORM** Gordon T. Brown Art Unit 3691 **Examiner Name** Bijendra K. Shrestha (to be used for all correspondence after initial filing) Altorney Docket Number 47781-6 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|√**| Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Altached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Altorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer** Extension of Time Request below): - Form PTO/SB/08A (1 page) Request for Refund Express Abandonment Request SUPPLEMENTAL - Form PTO/SB/08B (3 pages) - 31 documents Information Disclosure Statement CD, Number of CD(s) copies of OAs from 09/975.457 - copies of docs from Reexam 90/008,481 Landscape Table on CD Certified Copy of Priority Remarks Document(s) - copy of 2/7/2007 Invalidity Contentions - copy of 9/28/2009 Invalidity Contentions Reply to Missing Parts/ - return postcard Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Pietragallo Gordon Alfano Bosick & Raspanti, LLP Signature Printed name Alan G. Towner Date Reg. No. December 15, 2009 32 949 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as find electronic mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Date December 15, 2009

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/975,458 TRANSMITTA Filing Date October 11, 2001 For FY 2009 First Named Inventor Gordon T. Brown Examiner Name Bijendra K. Shrestha Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3691 TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. 47781-6 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 500859 Deposit Account Name: Pletragallo For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 540 165 270 220 110 Design 220 · 110 100 140 50 70 Plant 220 110 330 165 170 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (S) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Pald (\$) Fee (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement 180 SUBMITTED BY Registration No. 32949 Signature cuu Telephone (412) 263-4340 (Attomey/Agent)

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